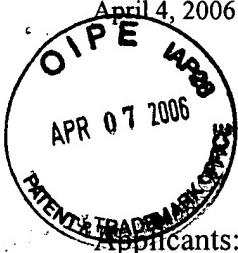


April 4, 2006



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Thomas M. DiMauro, Mohamed Attawia, Hassan Serhan, Martin A. Reynolds, Melissa Grace, Sudhakar Kadiyala, David Urbahns, Scott Bruder, Gregory Collins, Laura J. Brown, Jeffrey Geesin, Pamela L. Plouhar, Catherine W. Smith and John Siekierka

Application No.:	10/630,227	Group:	1647
Filed:	July 30, 2003	Examiner:	Shafer, Shulamith H.
Confirmation No.:	8291		
For:	TRANS-CAPSULAR ADMINISTRATION OF HIGH SPECIFICITY CYTOKINE INHIBITORS INTO ORTHOPEDIC JOINTS		

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

4-4-2006 Amy Comeau

Date

Signature

Amy Comeau

Typed or printed name of person signing certificate

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

					SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDT. FEE
TOTAL	89	MINUS	* 83	6	X \$ 25	\$ []
INDEP	5	MINUS	** 4	1	X \$100	\$ []
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						
* not fewer than 20 ** not fewer than 3						
TOTAL= \$ <u> 0 </u>				TOTAL= \$ <u> 500 </u>		

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			Rate	Total Amount Owed	Rate	Total Amount Owed
			X \$125	\$[]	X \$250	\$[]

Payment Sufficient for up to [] Sheets
--

Petition for Extension of Time

- [] Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- [] [For action-specific language in an extension of time, go to insert, file, public folders, firm templates, and select the appropriate paragraph.]

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/> Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/> Claims Fee	\$ _____
<input type="checkbox"/> Application Size Fee	\$ _____
<input type="checkbox"/> Other Fees: _____ _____	\$ _____ \$ _____
	TOTAL: \$ <u> 0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/> Petition for [] month Extension of Time	\$ _____
<input checked="" type="checkbox"/> Claims Fee	\$ <u> 500.00</u>
<input type="checkbox"/> Application Size Fee	\$ _____
<input type="checkbox"/> Other Fees: _____ _____	\$ _____ \$ _____
	TOTAL: \$ <u> 500</u>

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Dated: April 4, 2005